



# ARKANSAS STATE POLICE

## Concealed Handgun Carry License Change of Name and/or Address Notification Form

You may print this form, fill it in and mail it to Arkansas State Police, CHCL Section, 1 State Police Plaza Drive, Little Rock, AR 72209 (please print or type legibly), **or** e-mail it to CHCLInfo@asp.arkansas.gov

Arkansas Concealed Handgun Carry License Number: \_\_\_\_\_

Arkansas Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name as shown on current concealed carry license:** (required for all)

\_\_\_\_\_

Last

First

Middle

New Name: \_\_\_\_\_

Last

First

Middle

**Previous Physical Address:** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

**New Physical Address:** \_\_\_\_\_

\_\_\_\_\_

City

**County**

State

ZIP

**Previous Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

**New Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

City

State

ZIP

Daytime phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

An updated concealed handgun carry license with the new address and/or name **will not** be printed unless you also complete and submit the Lost/Replacement License Form with proper payment. See the ASP website for that form:

<http://asp.arkansas.gov/services-and-programs/detail/concealed-handgun-licensing>

Please keep a completed copy of this form for your files.

Revised April 2016